

Seven Hills Senior Contractor Coalition Program (pg 2)
Contractor Application for participation

Type of Service: _____

Name of Company: _____

Contact Person: _____

Address: _____

Telephone: _____

Alternate phone: _____

e-mail: _____

Seven Hills Building Department Registration number: _____

I _____ understand that by signing up for the Seven Hills Contractor Coalition program, I am agreeing to offer the Senior Citizen Residents of Seven Hills the best service, price and consideration possible. I agree to return phone calls/emails in a reasonable period of time to participants as well as Senior Coordinator. I understand that coordinator has full rights to add or delete my company from the list, after interview of all parties if so deemed necessary. I agree to offer a copy of the Seven Hills Survey form to all customers that hire me from the list.

Signature Contractor _____ Date _____

Signature Coordinator _____ Date _____